



130 W. Abriendo Ave.
Pueblo, CO 81004

APPLICATION FOR EMPLOYMENT
Development Director

COURT APPOINTED SPECIAL ADVOCATES (CASA) OF PUEBLO IS AN EQUAL OPPORTUNITY EMPLOYER. CASA is committed to equal opportunity employment and does not discriminate against employees or applicants because of race, color, creed, national origin, gender identity or expression, sexual orientation, disability, veteran status, marital status of any other characteristic protected by applicable federal, state or local laws.

PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.

NAME (LAST, FIRST, MIDDLE):			DATE APPLICATION COMPLETED:	
STREET ADDRESS:			YEARS AT THIS ADDRESS: _____	
CITY:	STATE:	ZIP:	TEL. NO.	EMAIL ADDRESS
			()	

HOW LONG?

LIST PRIOR ADDRESSES OVER PAST FIVE YEARS IN REVERSE ORDER	1.	_____	_____
	2.	_____	_____
	3.	_____	_____
	4.	_____	_____

DO YOU HAVE THE LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.?	YES	NO	IF NO, EXPLAIN
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ARE YOU WILLING TO COMPLETE A CRIMINAL BACKGROUND CHECK?	YES	NO	IF NO, EXPLAIN
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HAVE YOU EVER BEEN LISTED ON THE COLORADO TRAILS REGISTRY FOR CHILD ABUSE/NEGLECT OR LISTED ON ANY OTHER CHILD ABUSE REGISTRY IN ANY OTHER STATE?	YES	NO
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HAVE YOU EVER BEEN INVESTIGATED BY A CHILD WELFARE AGENCY FOR ABUSE OR NEGLECT ALLEGATIONS?	YES	NO
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****NOTE: ANY OMISSION REGARDING CHILD ABUSE/NEGLECT INVESTIGATIONS WILL CONSTITUTE IMMEDIATE DISMISSAL.****

ARE YOU 21 YEARS OF AGE OR OLDER?	YES	NO
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EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES ATTENDED	CIRCLE LAST YR COMPLETED	GRADUATE? YES/NO	DEGREE RECEIVED (TYPE)
HIGH SCHOOL		FROM TO	1 2 3 4		
COLLEGE		FROM TO	1 2 3 4 5		
COLLEGE		FROM TO	1 2 3 4 5		
COLLEGE		FROM TO	1 2 3 4 5		
OTHER		FROM TO			

ADDITIONAL COURSES OR GRADUATE STUDIES:

EXTRACURRICULAR ACTIVITIES AND HONORS (DO NOT INCLUDE RACIAL, RELIGIOUS, OR NATIONALITY GROUPS)

IN HIGH SCHOOL OFFICES HELD	IN COLLEGE OFFICES HELD
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HAVE YOU EVER BEEN SUBJECT TO ANY DISCIPLINARY ACTION (INCLUDING DISCHARGE) OR INVESTIGATION BY AN EMPLOYER **OR** VOLUNTEER ORGANIZATION? **YES** **NO**
 IF YES – EXPLAIN (INCLUDE DATE, EMPLOYER, NAME AND TELEPHONE NUMBER OF PERSON FAMILIAR WITH CIRCUMSTANCES):

WORK EXPERIENCE

(START WITH CURRENT POSITION AND WORK BACK)

AGENCY/BUSINESS NAME:		TYPE OF BUSINESS:		
ADDRESS:	CITY:	STATE:	ZIP:	PHONE:
IMMEDIATE SUPERVISOR:		TITLE		PHONE
DATE OF HIRE:	DATE OF LEAVE	POSITION/TITLE		
		HOURS WORKED PER WEEK		
DUTIES:				
REASON FOR LEAVING? EXPLAIN:				

AGENCY/BUSINESS NAME:		TYPE OF BUSINESS:		
ADDRESS:	CITY:	STATE:	ZIP:	PHONE:
IMMEDIATE SUPERVISOR:		TITLE		PHONE
DATE OF HIRE:	DATE OF LEAVE	POSITION/TITLE		
		HOURS WORKED PER WEEK		
DUTIES:				
REASON FOR LEAVING? EXPLAIN:				

WORK EXPERIENCE CONTINUED...

AGENCY/BUSINESS NAME:			TYPE OF BUSINESS:		
ADDRESS:		CITY:	STATE:	ZIP:	PHONE:
IMMEDIATE SUPERVISOR:			TITLE		PHONE
DATE OF HIRE:	DATE OF LEAVE	POSITION/TITLE			
		HOURS WORKED PER WEEK			
DUTIES:					
REASON FOR LEAVING? EXPLAIN:					

AGENCY/BUSINESS NAME:			TYPE OF BUSINESS:		
ADDRESS:		CITY:	STATE:	ZIP:	PHONE:
IMMEDIATE SUPERVISOR:			TITLE		PHONE
DATE OF HIRE:	DATE OF LEAVE	POSITION/TITLE			
		HOURS WORKED PER WEEK			
DUTIES:					
REASON FOR LEAVING? EXPLAIN:					

MAY WE CONTACT YOUR PRESENT EMPLOYER?	YES	NO	MAY WE CONTACT YOUR PREVIOUS EMPLOYER(S)?	YES	NO
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ACCOUNT FOR YOUR TIME DURING ANY INTERVALS OF UNEMPLOYMENT OTHER THAN THOSE WHEN YOU WERE ATTENDING SCHOOL OR IN SERVICE (YOU MAY OMIT LEAVES FOR MEDICAL CARE OR TREATMENT):

DATES (MO & YR) FROM TO	EXPLAIN:
FROM TO	

LIST ANY EQUIPMENT CAN YOU OPERATE:

LIST ANY COMPUTER, DATA BASE, SOFTWARE, OR APPLICATIONS THAT YOU ARE FAMILIAR WITH:

VOLUNTEER EXPERIENCE

ORGANIZATION:
ADDRESS: PHONE:
DATES OF SERVICES (MO/YR):
HOURS PER WEEK:
SUPERVISOR'S NAME:

ORGANIZATION:
ADDRESS: PHONE:
DATES OF SERVICES (MO/YR):
HOURS PER WEEK:
SUPERVISOR'S NAME:

OTHER VOLUNTEER EXPERIENCE:

ACTIVITIES

INDICATE MEMBERSHIP, DEGREES OF PARTICIPATION, AND OFFICES HELD SINCE LEAVING SCHOOL IN CIVIC, PROFESSIONAL, SOCIAL, ATHLETIC OR OTHER ORGANIZATION OR ACTIVITIES, EXCEPT THOSE ORGANIZATIONS THE NAME OR CHARACTER OF WHICH MAY INDICATE YOUR RACE, COLOR CREED, RELIGION OR NATIONAL ORIGIN.

ADDITIONAL INFORMATION

ARE THERE ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH OUR AGENCY?

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REFERENCES

Please list 3 additional references **excluding** family members or previous employers

NAME	OCCUPATION	ADDRESS	PHONE

CERTIFICATION

By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, CASA of Pueblo or its agents, may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. I have noted that CASA of Pueblo is an Equal Opportunity Employer and all applicants receive lawful consideration for employment without regard to race, color, religion, national origin, gender, gender identity or expression, sexual orientation, disability, veteran status, and marital status or any other characteristic protected by applicable federal, state or local laws. I realize that if I am hired, CASA of Pueblo is an at-will employer and reserves the right to terminate my employment whenever the need arises.

Signature

Date